| t,  | <u>.</u>   |  |   |
|---|--|--|---|
| COMBINED DECLARATION F<br>(includes Reference to PCT Internation  |  | AND POWER OF ATTORNEY  | ATTORNEY'S DOCKET<br>NUMBER<br>PHGB030030 US  |
|   |  |  |   |
| As a below named inventor, I h  | ereby declare that:  |  |   |
| My residence, post office addre   | ess and citizenship are as stat  | ed next to my name.  |   |
|   | of the subject matter which is a OL METHOD AND SYS1  | name is listed below) or an origin<br>claimed and for which a patent in<br>EM  |   |
| is attached hereto.   |  |  |   |
| ☐ was filed as United States a  | pplication   |  |   |
| Serial No -   |  |  |   |
| on ————   |  |  |   |
| and was amended   |  |  |   |
| on  |  | ·  |   |
| was filed as PCT internation IB2004/000871  | nal application  |  |   |
| Number —  |  |  |   |
| on 16 March 2004  |  |  |   |
| and was amended under PCT.  | Article 19   |  |   |
|   |  |  | (if applicable)   |
| on  |  |  | (if applicable).  |
| I hereby state that I have review claims, as amended by any am  |  | nts of the above-identified speci  | fication, including the   |
| I acknowledge the duty to discl<br>Title 37, Code of Federal Regu   |  | rial to the examination of this ap   | plication in accordance with  |
| or inventor's certificate or of an<br>States of America listed below<br>any PCT international application | y PCT international application<br>and have identified below any<br>on(s) designating at least one | States Code, § 119 of any foreign(s) designating at least one couforeign application(s) for patent country other than the United State application(s) of which prior | untry other than the United or inventor's certificate or tates of America filed by me |
|   |  |  |   |
|   | . ,  | TY CLAIMS UNDER 35 U.S.C.  | 119:  |
| COUNTRY   | APPLICATION NUMBER   | DATE OF FILING<br>DAY, MONTH, YEAR   | PRIORITY<br>CLAIMED UNDER<br>35 USC 119   |
| GB  | 0307183.4  | 28 March 2003  | YES   |

U.S. DEPARTMENT OF COMMERCE -Patent and Trademarks Office (July 1994)

GB

Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number (includes Reference to PCT International Applications) PHGB030030 US POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 **FAMILY NAME** SECOND GIVEN NAME **FULL NAME** FIRST GIVEN NAME WOOD Karl J. **INVENTOR** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE CITY 201 **CRAWLEY Great Britain Great Britain CITIZENSHIP** POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE **ADDRESS CRAWLEY** 11 Byerley Way RH10 7YU, England

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

KC11. J. UOZ

DATE

12.7.2005.

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office (July 1994)

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereb<br>37 CFF   | y revoke all previ<br>R 3.73(b).                   | ous powers of attorney                    | given in the applic     | ation identified   | in the attached stat   | ement under            |  |
|---|--|---|-------------------------|--------------------|------------------------|------------------------|--|
|   | y appoint:   |   |                         |                    |                        |                        |  |
| Practitioners associated with the Customer Number:  |  | 247                                       | 137                     |                    |                        |                        |  |
| OR  |  |   |                         |                    |                        |                        |  |
| Pr  | actitioner(s) named b                              | elow (if more than ten patent             | practitioners are to be | named, then a cust | tomer number must be u | rsed):                 |  |
|   | Name   |   | Registration<br>Number  |                    |                        | Registration<br>Number |  |
|   |  |   |                         |                    |                        | Number                 |  |
| L   |  |   |                         |                    |                        |                        |  |
| L   |  |   |                         |                    |                        |                        |  |
| L   |  |   |                         |                    |                        |                        |  |
| L   |  |   | 1000                    |                    |                        |                        |  |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). |  |   |                         |                    |                        |                        |  |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  |  |   |                         |                    |                        |                        |  |
|   |  |   |                         |                    |                        |                        |  |
|   | The address associated with Customer Number: 24737 |   |                         |                    |                        |                        |  |
| OR Fin  | m or   |   |                         |                    |                        |                        |  |
| Ludividual Name   |  |   |                         |                    |                        |                        |  |
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| City  |  |   | State                   |                    | Zip                    |                        |  |
| Country   |  |   | <del></del>             |                    |                        |                        |  |
| Telepho   | ne   |   | Fax                     |                    |                        |                        |  |
|   |  |   |                         |                    |                        |                        |  |
| Assignee  | Name and Address:                                  |   |                         |                    |                        |                        |  |
| KONINKLIJKE PHILIPS ELECTRONICS N.V.  |  |   |                         |                    |                        |                        |  |
| Groenewoudseweg l 5621 BA Eindhoven, The Netherlands  |  |   |                         |                    |                        |                        |  |
|   |  |   |                         |                    |                        | <del></del>            |  |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of  |  |   |                         |                    |                        |                        |  |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee   |  |   |                         |                    |                        |                        |  |
| and must identify the application in which this Power of Attorney is to be filed.   |  |   |                         |                    |                        |                        |  |
| SIGNATURE of Assignee of Record  The individual whose signs are and title is supplied below is authorized to act on behalf of the assignee  |  |   |                         |                    |                        |                        |  |
| Signature   | ature Date 14 January 2                            |   |                         | ry 2005            |                        |                        |  |
| Name  | Michael  | ichael E. Marion Telephone (914) 333-9637 |                         |                    |                        |                        |  |
| Title   | Authoriz   | ed Representat                            | tive                    |                    |                        |                        |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10/550611 JC14 Rec'd PCT/PTO 23 SEP 2005

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| STATEMENT UNDER 37 CFR 3.73(b)  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Applicant/Patent Owner: Koninklijke Philips Electronics N.V.  |  |  |  |  |  |  |
| Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently   |  |  |  |  |  |  |
| Entitled: VOLUME CONTROL METHOD AND SYSTEM  |  |  |  |  |  |  |
| Koninklijke Philips Electronics N.V. , a corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)  |  |  |  |  |  |  |
| states that it is: 1. ☑ the assignee of the entire right, title, and interest; or   |  |  |  |  |  |  |
| 2. an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is ——————————————————————————————————   |  |  |  |  |  |  |
| A. [ ] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.  |  |  |  |  |  |  |
| OR  |  |  |  |  |  |  |
| B. [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:  |  |  |  |  |  |  |
| From: To: To:  The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.  |  |  |  |  |  |  |
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| 3. From:  |  |  |  |  |  |  |
| [ ] Additional documents in the chain of title are listed on a supplemental sheet.  |  |  |  |  |  |  |
| [ ] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] |  |  |  |  |  |  |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.   |  |  |  |  |  |  |
| Edward W. Goodman, Reg. 28,613  |  |  |  |  |  |  |
| Date Typéd or printed name (914) 333-9611   |  |  |  |  |  |  |
| Telephone number Signature  |  |  |  |  |  |  |
| Corporate Counsel Title   |  |  |  |  |  |  |

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